

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/505387

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                            |
|----------------------------------|---------------|----------------------------|
| TOTAL CLAIMS                     | 13            |                            |
| FOR                              | NUMBER FILED  | NUMBER EXTRA               |
| TOTAL CHARGEABLE CLAIMS          | 13 minus 20 = | *                          |
| INDEPENDENT CLAIMS               | 1 minus 3 =   | *                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | N <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | 13                               | Minus | 20                                 | =             |
| Independent   | 1                                | Minus | 3                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE |
|-----------|--------|----|-----------|-----|
| BASIC FEE | 385.00 | OR | BASIC FEE | 920 |
| XS 9=     |        | OR | XS18=     |     |
| X43=      |        | OR | X86=      |     |
| +145=     |        | OR | +290=     |     |
| TOTAL     |        | OR | TOTAL     | 920 |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            | /              |
| X43=             |                | OR | X86=             | /              |
| +145=            |                | OR | +290=            | /              |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE | /              |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   |                                  | Minus |                                    | =             |
| Independent   |                                  | Minus |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   |                                  | Minus |                                    | =             |
| Independent   |                                  | Minus |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.